## **Attention:**

This form or schedule is provided for information purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

The Form 5500-series of forms and schedules is printed on special paper with dropout ink so it can be processed by the computerized processing system "EFAST." The Forms 5500 and 5500-EZ (and related schedules) may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

Check the Department of Labor's website at <a href="www.efast.dol.gov">www.efast.dol.gov</a> for additional information concerning the processing system, electronic filing, software, and "non-standard" filings.

Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit

Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

> ► Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only

OMB Nos. 1210-0110/1210-0089

This Form is Open to Public Inspection.

Part I Annual Repo	ort Identif	ication Information						
For the calendar plan ye or fiscal plan year begin		MM/DD/YYYY	Y	and ending	MM	101	) /	YYYY
A This return/report is for:	(1)	a multiemployer plan;	(3)	a multip	e-employer	plan; or		
	(2)	a single-employer plan (other than a multiple-employer plan);	(4)	a DFE (	specify)			
B This return/report is:	(1)	the first return/report filed for the plan	; <b>(3)</b>	the final	return/repo	rt filed for	the plai	n;
	(2)	an amended return/report;	(4)		olan year re ın 12 month		t	
C If the plan is a collectively	y-bargained	plan, check here				,		▶
		the DFVC program, check box and atta	15	red information. (	see instruct	ions)		>
	ntormatio	on enter all requested informat	ion.					
1a Name of plan								
		1						
		19						
		0						
1b Three-digit plan number	er (PN) ▶	1c	Effective	date of plan			/ Y	YYY
Caution: A penalty for the I	late or incol	mplete filing of this return/report will be	e assess	sed unless reas	onable cau	se is esta	blished	l.
schedules, statements and a knowledge and belief, it is tru	ttachments, ue, correct	enalties set forth in the instructions, I de as well as the electronic version of this and complete.	clare that return/re	t I have examine eport if it is beir	d this returning filed elec	n/report, ir tronically,	cluding and to	accompanyir the best of n
Signature of plan administra	ator	y .		Date			/ Y	YYY
Type or print name of indi	ividual signing	g as plan administrator						
a	(							
Signature of employer/plan	sponsor/DF	FE						
SIGN HERE 🤝 _				Date			/ Y	YYY
Type or print name of indi	ividual signing	g as employer, plan sponsor or DFE						
b								
For Paperwork Reduction A	ct Notice a	nd OMB Control Numbers, see the ins	struction	s for Form 550	D. Cat. N	lo. 13500l	For	n <b>5500</b> (200
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						v8.2	2	

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2) (1 3) 3 4) 5) 6) F 7) 8)	c / Stree City State	Continued O		ponsor's telephone umber	2b Employer Idea  2d Business code (see instructions)	ntification Number (EIN)
2) ( 3) 3 4) 5 5) 6 6) 7 8)	c / Stree City State	Zip Gode  gn Routing Code  gn Country		umber	2d Business code	ntification Number (EIN)
3) 3 4) 5 5) 6 6) F 7) 8				umber	2d Business code	ntification Number (EIN)
4) 5) 5) 6) F 7) 8)				umber	2d Business code	ntification Number (EIN)
5)				umber	2d Business code	ntification Number (EIN)
6) F 7) F 8)				umber		-
7) 8)				umber		
8)						
				7		
9)				6		
				drál		
<b>3a</b> Pla	an adr	ninistrator's name and address (If same as	s plan sponsor, ente	r "Same")		
			64			
2) (	c /	0	0			
			9-11			
4)		R			<b>3b</b> Administrator's EIN	
		Zip Qode			Administrator 3 Env	
		gn Routing Code			3c Administrator's telep	phone number
7) F						
<b>4</b> If t	the na	me and/or EIN of the plan sponsor has ch from the last return/report below: 's name	anged since the las	t return/report filed for	this plan, enter the name	e, EIN and the plan
b Ell	N		c PN			



	Form 5500 (2005)	Page 3	Official Use Only
5	Preparer information (optional)		Official Ose Offiy
а	Name (including firm name, if applicable) and address		
1)			
			(4)
2)			M
3)		b EIN	
4)			
5)		c Telephone numbe	r
6)			
6	Total number of participants at the beginning of the plan year  Number of participants as of the end of the plan year (welfare plans comple	00	
'	Number of participants as of the end of the plan year (wehate plans comple	te only lines ra, rb, rc, and ru)	
а	Active participants	<b>_</b>	
	0		
b	Retired or separated participants receiving benefits		
С	Other retired or separated participants entitled to future benefits		
d	Subtotal. Add lines <b>7a</b> , <b>7b</b> , and <b>7c</b>		
е	Deceased participants whose beneficiaries are receiving or are entitled to re	ceive benefits	
f	Total. Add lines <b>7d</b> and <b>7e</b>		
g	Number of participants with account balances as of the end of the plan year contribution plans complete this item)		
h	Number of participants that terminated employment during the plan year with		
	were less than 100% vested		
i	If any participant(s) separated from service with a deferred vested benefit, e separated participants required to be reported on a Schedule SSA (Form 55		



I		Form 5500 (200	)5)				Page 4		Official Use Only
8	Bene	efits provided under	the plan (co	omplete <b>8a</b> and <b>8b</b> , as	s applicable)				Cilidia GGC Gilly
а		Pension benefits		s box if the plan provid paracteristics Codes pr			ter below the applicable	e pensic	on feature codes from the Lis
b		Welfare benefits		s box if the plan provid aracteristics Codes pr			er below the applicable	welfare	feature codes from the List
							70		
9a		funding arrangeme	nt (check al	I that apply)		<b>9b</b> Plan bene	fit arrangement (check	all that	apply)
	(1)	Insurance				(1)	Insurance		
	(2)	Code section	on 412(i) ins	surance contracts		(2)	Code section 412(i) in	surance	e contracts
	(3)	Trust				(3)	Trust		
	(4)	General ass	sets of the s	enoneor		(4)	General assets of the	enoneo	ar
	(+)	General ass	3013 01 1110 3	portsor	1,5	(+)	deficial assets of the	эропос	, , , , , , , , , , , , , , , , , , ,
10	Sche	edules attached (Ch	eck all appli	icable boxes and, whe	ere indicated,		ber attached. See instr	uctions.)	)
а	Pens	sion Benefit Sched	lules	0	O	b Financial	Schedules		
	1)		R	(Retirement Plan Info	ormation)	1)	Н	(Finar	ncial Information)
	2)		В	(Actuarial Information	n)	2)	1	(Finar	ncial InformationSmall Plan)
	3)		E	(ESOP Annual Inforr	nation)	3)	A	(Insur	rance Information)
	4)		SS	SA (Separated Vested	I	4)	С	(Servi	ice Provider Information)
			. 1	Participant Informa	ation)	5)	D	(DEE	/Participating Plan
			0			3,	J	•	nation)
		L OP IN	,0			6)	G	(Finar	ncial Transaction Schedules)
		4				7)	Р	(Trust	Fiduciary Information)
		0-				, H		, - , -	,,
		O							
		4							

